

INDONESIAN YOUTH AND CIGARETTE SMOKING

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ABSTRACT

Background: The increasing number of children and young adults exposed to tobacco usage in the world is alarming. Indonesia is the third biggest tobacco consumer in the world after China and India. Smoking harms nearly every organ of the body, it reduce quality of life and life expectancy. Smoking causes illnesses, big economic lost and premature death. Tobacco use was the leading cause of preventable death. Smokers began at early age; they became the target of massive tobacco campaigns. Youth were vulnerable to tobacco advertising, once they began to smoke, it was difficult to quit. The objectives of this paper is to identify tobacco usage among the Indonesian youth, to explore health problems, regulations related to tobacco consumption and efforts to implement the WHO Framework Convention on Tobacco Control. **Methods:** Method used is by reviewing studies and campaign information provided by researchers and practitioners in tobacco control programs. **Result:** Data shows that among people aged 10 to 24 years in Indonesia the current smokers were 23.7% daily smokers, 5.5% occasional smokers while the average cigarettes consumed daily were 12.2. Among Indonesian aged 13–15 years, there were 41% boys and 3.5% girls that were current cigarette smoking and 10.3% boys and 3.1% girls that had current tobacco other than cigarette. It is important that this preventable epidemic becomes a top public health issue in all countries. A complete ban on all tobacco advertising, promotion and sponsorship is a powerful tool to protect the world's youth and Indonesia should ratify tobacco ban.

Key words: Indonesia, tobacco, youth, advertisement

ABSTRAK

Meningkatnya jumlah penggunaan tembakau pada anak-anak dan orang dewasa muda di dunia merupakan situasi yang mengkhawatirkan. Indonesia adalah konsumen tembakau terbesar ketiga di dunia setelah China dan India. Merokok merugikan hampir setiap organ tubuh, merokok mengurangi kualitas hidup dan harapan hidup. Merokok menyebabkan penyakit, kerugian ekonomi yang besar dan kematian prematur. Penggunaan tembakau merupakan penyebab utama kematian yang dapat dicegah. Perokok mulai pada usia dini, anak muda menjadi sasaran kampanye tembakau besar-besaran. Pemuda rentan terhadap iklan rokok, begitu mereka mulai merokok, sulit untuk berhenti. Tujuan makalah ini adalah untuk mengidentifikasi penggunaan tembakau di kalangan generasi muda Indonesia, untuk mengeksplorasi masalah kesehatan, peraturan yang terkait dengan konsumsi tembakau dan upaya untuk melaksanakan Konvensi Kerangka Kerja Pengendalian Tembakau dari WHO. Metode yang digunakan adalah dengan mengeksplorasi studi dan informasi kampanye yang diberikan oleh para peneliti dan praktisi dalam program pengendalian tembakau. Data menunjukkan bahwa di antara orang-orang berusia 10 hingga 24 tahun di Indonesia, perokok adalah perokok harian sebesar 23,7%, perokok kadang-kadang sebesar 5,5% sedangkan rokok yang dikonsumsi sehari rata-rata 12.2. Pada orang Indonesia yang berusia 13–15 tahun dijumpai 41% anak laki-laki dan 3,5% anak perempuan yang rokok merokok saat ini dan 10,3% anak laki-laki dan 3,1% anak perempuan yang saat ini menggunakan tembakau selain rokok. Adalah penting bahwa epidemi yang bisa dicegah ini menjadi masalah kesehatan publik yang utama di semua negara. Larangan total pada semua iklan rokok, promosi dan sponsor adalah cara yang berguna untuk melindungi generasi muda di dunia dan Indonesia harus meratifikasi larangan tembakau.

Kata kunci: Indonesia, tembakau, orang muda, iklan

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INTRODUCTION

There will be some 30–40% of the 2.3 billion children and teenagers in the world would become smokers in early adult life. If no actions done than about 250 million of these future smokers will die because of smoking related diseases with 80% of these premature preventable deaths in low- and middle-income countries (Peto et al., 1996, WHO, 2009 p8 and WHO, 2005). The Global Youth Tobacco Survey reports that 9% of 13- to 15-year-old students within 131 countries currently smoke cigarettes (Warren et al., 2006). Most people take up smoking before they reach age 18, and almost twenty-five percent of smokers worldwide are under the age of 10 (WHO, 2008b). Smoking harms nearly every organ of the body, causing many diseases and reducing quality of life and life expectancy (CDC, 2004).

It is important that this preventable epidemic becomes a top public health issue in all countries and to prevent millions of children and young adults becoming victims of the tobacco epidemic. To reduce this high increase in tobacco-related mortality, governments should help reduce the number of young smokers because most smokers initiate tobacco use in their youth. The governments should impose a complete

ban to break the tobacco marketing net; otherwise, the tobacco industry simply shifts its vast resources to another channel (WHO, 2008 p 23).

The objective of the Study to identify tobacco usage among the Indonesian youth and to explore health problems, regulations related to tobacco consumption and efforts to implement the WHO Framework Convention on Tobacco Control.

METHODS

To review selected studies related to tobacco usage among youth and campaign information provided by researchers and practitioners in tobacco control programs using qualitative method. Information about tobacco usage among the Indonesian youth were gathered from Basic Health Research 2007 (Riskesdas), National Socio-Economic Survey (Susenas), Bureau Statistic Center (BPS), while Tobacco usage among youth in other countries were mainly gathered from World Health Organization (WHO) reports, United States Communicable Disease and Control and Prevention, peer reviewed journals. Internet became the main tool. This is not a meta-analysis study.

Table 1. Tobacco use prevalence in South East Asia Region (SEAR) Countries

| Country | Adult Tobacco Prevalence | | | Youth Tobacco Prevalence (13–15 years) | | | | |
|-------------|--------------------------|--|--------|--|--|--------|---------------------------------------|--------|
| | Year | Current Any Tobacco Smoking ² | | Year | Current Cigarette Smoking ³ | | Current Tobacco Other than Cigarettes | |
| | | Male | Female | | Male | Female | Male | Female |
| Bangladesh | 2009* | 44.7 | 1.5 | 2007 | 2.9 | 1.1 | 8 | 4.2 |
| Bhutan | - | - | - | 2009 | 18.3 | 7.9 | 17.7 | 7 |
| DPRK | 2002 | 58.6 | - | - | - | - | - | - |
| India | 2005 | 33.1 | 3.8 | 2009 | 5.8 | 2.4 | 16.2 | 7.2 |
| Indonesia | 2004 | 65.9 | 4.5 | 2009 | 41 | 3.5 | 10.3 | 3.1 |
| Maldives | 2001 | 44.5 | 11.6 | 2007 | 6.6 | 0.9 | 4.3 | 2.7 |
| Myanmar | 2003 | 46.5 | 13.6 | 2007 | 8.5 | 1.3 | 20.3 | 7.9 |
| Nepal | 2006 | 34.8 | 26.4 | 2007 | 5.7 | 1.9 | 11.1 | 4.1 |
| Sri Lanka | 2003 | 30.2 | 2.6 | 2007 | 1.6 | 0.9 | 11.6 | 5.6 |
| Thailand | 2009* | 45.6 | 3.1 | 2009 | 20.1 | 3.8 | 15.3 | 6.5 |
| Timor Leste | - | - | - | 2009 | 38.2 | 14.6 | 18.8 | 16.9 |

Source: MPOWER- WHO Report on the Global Tobacco Epidemic, 2008

² Currently use any tobacco product: Consumed any smokeless or smoked tobacco product at least once during the last 30 days prior to the survey.

³ Currently smoke cigarettes: Smoked at least one cigarette during the last 30 days prior to the survey.

RESULTS AND DISCUSSION

Statistics

Indonesia statistic are as followings: Total population: 228,864,000, Gross national income per capita (PPP international \$): 3,310, Life expectancy at birth m/f (years): 66/69, Healthy life expectancy at birth m/f (years, 2003): 57/59, Probability of dying under five (per 1000 live births): 34, Probability of dying between 15 and 60 years m/f (per 1000 population): 231/192, Total expenditure on health per capita (Intl \$, 2006): 87, Total expenditure on health as % of GDP (2006): 2.2 (WHO, 2008c).

Smoking Prevalence in The World

There were approximately two thirds of the world's smokers reside in 10 countries including China, India, Indonesia, Russia, the United States, Japan, Bangladesh, Germany, and Turkey (WHO, 2008b). In the developing world, tobacco use rates for adult females remain relatively low, but could rise quickly among teenage females (National Youth Tobacco Survey (NYTS).

Table 1 shows that 41% Indonesian males youth smoke cigarette currently as compared to 65.9% adult males. Among the SEAR countries, Indonesia and Timor Leste male youth had the highest prevalence for current cigarette smoking. The prevalence of adult females as well as girls that smoked cigarettes currently was still low, but at present young females and girls are particularly at risk, they became the main targets of the cigarettes industries. The tobacco companies try to weaken cultural opposition to their products in countries where women have traditionally not used tobacco. Females as well as girls become the next target of tobacco campaign.

Smoking Prevalence in Indonesia

Smoking among people older than 15 years has increased from 32.0% (BPS, 2003) to 33.4% (NIHRD, 2007). There is no difference in terms of smoking behavior between low socioeconomic status and high socioeconomic status. The proportion of initial smokers below age 20 years, increase from 10.3%, SKRT, 2001 (Pradono J, 2003) into 11.9% (NIHRD, 2007 p XVII). 85.4% smokers smoke inside the house while they were together with other members of the family.⁴ The most popular cigarette is the filter kretek/ cigarette (64.5%) (NIHRD, 2007, p18).

Table 2 shows that children and young adults smoked about 10 to 12 cigarettes daily, which are relatively costly as compared to the money that they have, not to mention diseases that they faced related to their smoking behavior.

The percentage of population aged 10 years and over whom smoked every day was 23.7%, the highest

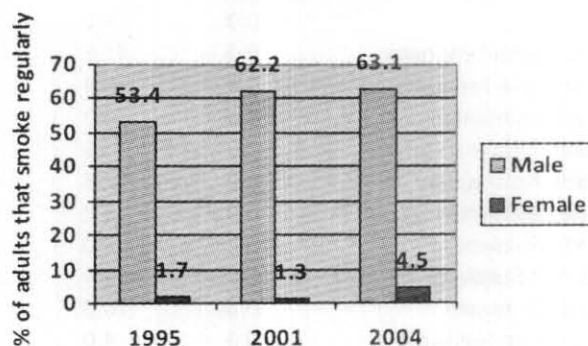


Figure 1. Smoking prevalence among adults 15 years and older by gender Indonesia, 1995, 2001 and 2004 (Source: National Socio-Economic Survey 1995, 2001, 2004 (Aceh and Maluku not included in 2001))

Table 2. Percentage of Indonesia population aged 10–24 years old according to smoking habit and average of cigarettes consumed

| Age group (years) | Current smokers ⁵ | | | Do not smoke | |
|-------------------|------------------------------|--------------------|------------------------------------|--------------|-------------|
| | Daily smokers ⁴ | Occasional smokers | Average of cigarettes consumed/day | Ex smokers | Non smokers |
| 10–14 | 0.7 | 1.3 | 10 | 0.3 | 97.7 |
| 15–24 | 17.3 | 7.3 | 12 | 1.1 | 74.3 |
| National | 23.7 | 5.5 | 12.2 | 3.0 | 67.8 |

Source: NIHRD, 2007.

⁴ Exposed to smoke: During the last seven days prior to the survey, people smoked at least once in the presence of the interviewee.

⁵ Current smokers are daily smokers and occasional smokers

Table 3. Percentage of Indonesian population above 10 years old that smoke according to their age level when started smoking everyday

| Province | Age started smoking everyday (years) | | | | | | Don't know |
|--------------------|--------------------------------------|-------|-------|-------|-------|------|------------|
| | 5–9 | 10–14 | 15–19 | 20–24 | 25–29 | > 30 | |
| NAD | 0.0 | 6.8 | 30.6 | 17.4 | 3.4 | 2.5 | 39.4 |
| North Sumatra | 0.0 | 7.3 | 33.5 | 20.0 | 3.3 | 2.5 | 33.4 |
| West Sumatra | 0.0 | 13.6 | 40.0 | 13.8 | 3.1 | 1.9 | 27.5 |
| Riau | 0.0 | 9.3 | 37.5 | 14.3 | 2.3 | 1.7 | 34.8 |
| Jambi | 0.0 | 12.8 | 43.6 | 14.9 | 2.8 | 1.8 | 24.0 |
| South Sumatra | 0.0 | 10.9 | 38.0 | 12.4 | 3.2 | 1.7 | 33.8 |
| Bengkulu | 0.0 | 10.6 | 36.8 | 11.4 | 2.4 | 1.8 | 37.1 |
| Lampung | 0.0 | 9.3 | 36.3 | 13.9 | 3.1 | 2.2 | 34.6 |
| Bangka Belitung | 0.0 | 12.2 | 46.5 | 15.1 | 3.5 | 3.2 | 19.5 |
| Kepulauan Riau | 0.0 | 9.3 | 44.7 | 14.3 | 2.9 | 1.9 | 26.9 |
| DKI Jakarta | 0.0 | 12.3 | 59.7 | 18.8 | 4.9 | 2.9 | 1.4 |
| West Java | 0.0 | 9.3 | 39.6 | 19.0 | 5.3 | 4.2 | 22.7 |
| Central Java | 0.0 | 10.8 | 34.9 | 18.4 | 6.4 | 5.0 | 24.4 |
| DI Yogyakarta | 0.0 | 12.6 | 39.3 | 16.5 | 4.8 | 5.1 | 21.6 |
| East Java | 0.0 | 10.1 | 36.3 | 17.0 | 6.0 | 3.9 | 26.7 |
| Banten | 0.0 | 10.6 | 35.4 | 12.9 | 2.9 | 2.0 | 36.2 |
| Bali | 0.0 | 4.6 | 36.0 | 17.4 | 5.6 | 7.3 | 29.1 |
| West Nusa Tenggara | 0.0 | 11.8 | 39.6 | 13.0 | 3.2 | 1.9 | 30.6 |
| East Nusa Tenggara | 0.4 | 5.4 | 28.3 | 18.1 | 6.7 | 4.8 | 36.2 |
| West Kalimantan | 0.0 | 8.0 | 33.0 | 14.8 | 3.6 | 2.5 | 38.1 |
| Central Kalimantan | 0.0 | 9.9 | 38.6 | 15.8 | 5.3 | 3.5 | 27.0 |
| South Kalimantan | 0.0 | 12.8 | 36.8 | 17.5 | 5.0 | 3.4 | 24.4 |
| East Kalimantan | 0.0 | 8.2 | 36.7 | 17.1 | 3.9 | 2.7 | 31.4 |
| North Sulawesi | 0.2 | 7.0 | 44.1 | 17.7 | 4.4 | 2.5 | 24.1 |
| Central Sulawesi | 0.0 | 10.4 | 34.7 | 18.7 | 5.2 | 3.8 | 27.1 |
| South Sulawesi | 0.8 | 10.0 | 32.2 | 15.4 | 4.4 | 2.7 | 34.5 |
| Southeast Sulawesi | 0.0 | 8.0 | 26.4 | 13.9 | 3.3 | 1.6 | 46.9 |
| Gorontalo | 0.0 | 12.9 | 35.5 | 11.2 | 3.3 | 1.7 | 35.5 |
| West Sulawesi | 0.0 | 6.7 | 29.2 | 8.0 | 2.6 | 1.0 | 52.5 |
| Maluku | 0.3 | 5.8 | 39.2 | 18.6 | 4.2 | 3.3 | 28.6 |
| North Maluku | 1.4 | 6.4 | 35.6 | 18.4 | 5.2 | 3.5 | 29.5 |
| West Papua | 1.2 | 6.8 | 33.4 | 18.0 | 6.7 | 4.6 | 29.3 |
| Papua | 3.2 | 11.0 | 26.7 | 13.7 | 3.1 | 2.1 | 40.2 |
| Indonesia | 0.1 | 9.6 | 36.3 | 16.3 | 4.4 | 3.2 | 30.0 |

Source: NIHRD, 2007, p 117

percentage was found in Bengkulu Province (29.5%) while the lowest percentage found in the province of Maluku (19.2%). The percentage of people smoking everyday was high among the productive age group (25–64 years), i.e. 29% to 32%. Based on the level of their education, the highest proportion of smokers was among those who were graduated from high school (26.8%). Prevalence of smokers in rural areas was slightly higher as compared to urban areas (NIHRD, 2007).

Among occasional smokers, 7.3% starts smoking at the age of 15–24 years i.e. 9.9% among males and 1.4% among females. The highest proportion of former smokers was found in the age group of 75 years and over (12.0%). No visible difference of smoking prevalence was found between households with low and high levels of expenditure. Smoking prevalence currently was 29.2% and the number of cigarettes smoked daily was 12 cigarettes. The highest prevalence of current smokers was reported in

Lampung province (34.3%), Mean cigarettes smoked per day the highest in the NAD (19 cigarettes), (NIHRD, 2007).

Table 3 shows that the majority of the people started smoking every day at the age of 15–19 years (36.3%), while those age 10–14 years, 9.6% among them already started smoking every day. There were 3.2% children aged 5–9 years at Papua that smoked every day.

Figure 1 showed that there were 9.7% increase in smoking prevalence among adults 15 years and older in both gender within 9 years.

Tobacco and Health Risks

Tobacco use during adolescence is associated with the following health risk behaviors: high-risk sexual behavior, use of alcohol and use of other drugs (Campaign for Tobacco-Free Kids, 2009). For decades now, it has been well known that tobacco use is not only capable of damaging nearly every organ of the human body but also causes at least 15 different cancers and is single-handedly responsible for 30% of all cancer related deaths.

Cancer is a leading cause of death worldwide: it accounted for 7.4 million deaths (around 13% of all deaths) in 2004. Lung, stomach, liver, colon and breast cancer cause the most cancer deaths each

Table 4. Number of cancer related deaths/year

| | |
|---|-------------|
| Tobacco use | 1.8 million |
| Overweight, obesity and physical inactivity | 274.000 |
| Harmful alcohol use | 351.000 |
| Unsafe sex | 235.000 |
| Occupational carcinogens | 152.000 |

Source: WHO, http://www.emro.who.int/tfi/pdf/tobacco_health_toll_en.pdf

year. Smoking causes about 90% of lung cancer in men and 80% in women. More than 30% of cancer deaths can be prevented, and tobacco use is the single most important risk factor for cancer (WHO, 2009). The incidence of cancer is rising rapidly due to increased exposure to a number of 'preventable' risk factors as shown in Table 4.

Tobacco and tobacco smoke contain thousands of chemicals, many of which are toxic, carcinogenic, atherogenic, teratogenic and addictive. More than 40

Table 5. Type of cancer and its risks

| Type of cancer | Risk |
|------------------|--------------|
| Nasal cavity | 2 times |
| Paranasal cavity | 2 times |
| Oral cavity | 4 to 5 times |
| Nasopharynx | 2 times |
| Oropharynx | 4 to 5 times |
| Hypopharynx | 4 to 5 times |
| Larynx | 10 times |
| Oesophagus | 2 to 5 times |
| Stomach | 2 times |
| Pancreas | 2 to 4 times |
| Cervix | 2 times |

Source: WHO, http://www.emro.who.int/tfi/pdf/tobacco_health_toll_en.pdf

chemicals in tobacco smoke cause cancer. Smokers are some 20 times more likely to develop lung cancer than non-smokers are. Smoking causes about 90% of lung cancer in men and 80% in women. According to many studies, the longer one smokes the greater the risk of developing cancer as shown in Table 5.

According to the National Socio-Economic Survey 2004, about 31% or more than 45 million people were exposed to second hand smoke at home. More than 80% of adult smokers (15 years and above) reported they smoked inside their homes with other family members present. Women were accounted for 36.7 million or 4 times higher than men have been exposed to secondhand smoke.

In 2005, it was estimated about 400.000 or 23.7% of the total death in Indonesia (1.7 million) caused by tobacco related diseases. The economic loss due to premature mortality, morbidity and disability was estimated to be at least US\$ 13.84 billion, much larger than the tobacco tax revenues of US\$ 2.94, i.e. more than 4.7 times. The health care cost of smokers with tobacco-attributed diseases was US\$ 221 million (Kosen S, 2007). Those results are good argument to control and if possible to stop smoking in Indonesia.

Tobacco Production and Tax Revenue

China, the United States of America and India, are the world's largest tobacco producers (WHO, 2010), while South East Asia countries increases their tobacco production from 500 metric tons at 1980 and became 2000 metric tons at 2005. Cigarette consumption in Indonesia which was less than 50.000 million sticks at 1970 became more than 200.000

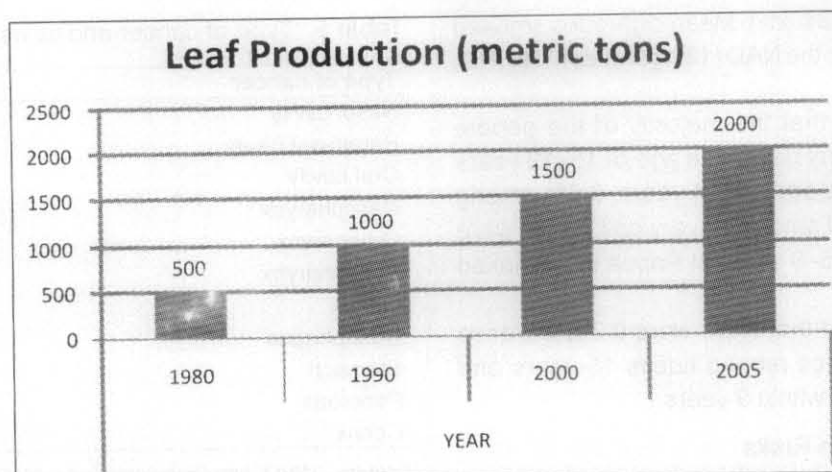


Figure 2. Tobacco leaf production in South-East Asia (Source: WHO, 2008)

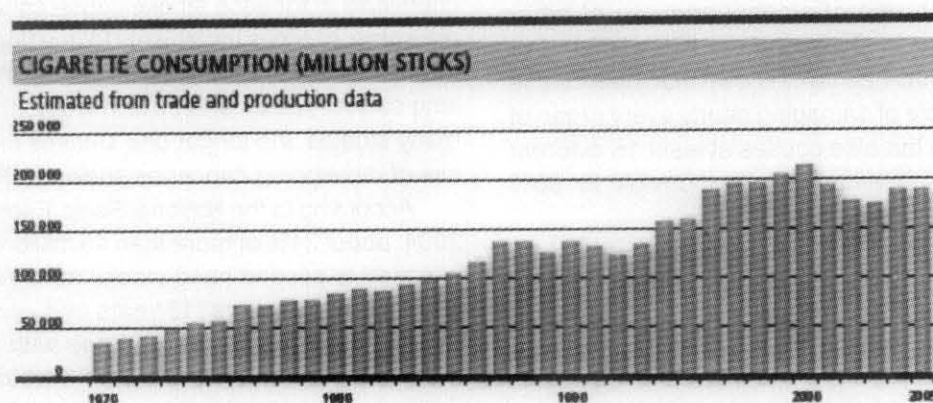


Figure 3. Tobacco industry in Indonesia (Source: WHO, 2008, p102)

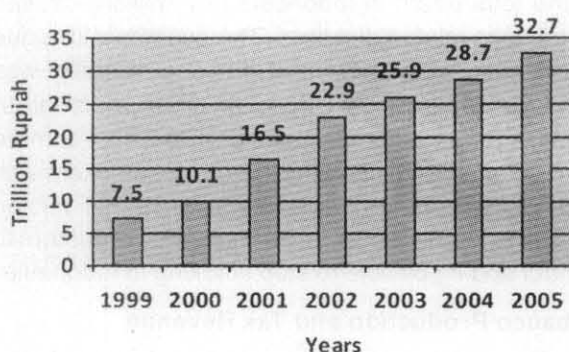


Figure 4. Tobacco excise tax revenue (1999–2005)

million sticks at year 2000 (WHO, 2008, p102) (Figure 2 and Figure 3). Those fast increasing numbers are alarming.

The average current cigarette tax is 31% of the total retail prices. It is the second lowest tax rates in the

region next to Cambodia (MoH, 2004). The revenue from tobacco excise tax increase 11 folds from 1994 to 2005, and it was 6.7% of total domestic revenue in 2005 (Gov of Indonesia). To control smoking, it is important to increase tobacco tax. The high price of cigarette will discourage the youth buying it, since many of them have not much money yet. Moreover, if those young people do not smoke, then when they became adult it is less likely that they become smoker.

Regulations

Data on bans on advertising, promotion and sponsorship in Indonesia shows only a ban for free distribution. Practically there are no ban for advertising, promotion and sponsorship of tobacco in national TV and radio, international TV and radio, local magazines/newspaper, billboard/ outdoor advertising, point of

sale, internet, promotional discounts, non-tobacco products with tobacco brand names, non-tobacco brand used for tobacco products, appearance of tobacco products in TV and/or films, sponsored events (WHO, 2008, p104). There are very few cities that began to ban tobacco promotion in public areas such as Padang Panjang that refuses tobacco advertisement and sponsorships (Nasional, 2010), while Jakarta Metropolitan city,⁶ Bogor, Cirebon and Surabaya provide local government rule that ban smoking in public areas as well. Smoke free environments are found in health-care facilities, educational facilities and universities. But it is seldom found in governmental facilities, indoor offices, restaurants, pubs and bars. Some hospitals in Indonesia give counseling for tobacco and some other drug dependency.

There are health warnings on tobacco packages produced in Indonesia as well on billboards and other advertisements such as television and magazines. It used bold letters in lower part of the package/billboard. The size is about one eighth of the area. The warning is as followings: "Smoking can cause cancer, heart attack, impotence, and harms pregnancy and foetal development". there is no regulation on misleading terms such as low tar, light, ultra light, mild. PP 19/ 2003 government regulation stipulates a health warning to be placed on and comprises at least 15% of the outdoor advertising media. There are no pictures included for the warning, while pictures are effective to warn consumers.

Tobacco and Advertisement

Advertisement can be in electronic, printed or outdoor media. Advertisement in the electronic media is prohibited during the day from 05.00 hrs–21.30 hrs. The more young people are exposed to tobacco advertising, the more likely they are to start smoking. Despite this, only 5% of the world's population is covered by comprehensive bans on tobacco advertising, promotion and sponsorship. Tobacco companies are specifically targeting the half billion youth in the Asia Pacific region by tying smoking to the idea of a flashy lifestyle. Tobacco industries attempts to take advantage of children's susceptibility to advertising and marketing. Tobacco companies, meanwhile, continue targeting young people by falsely associating use of tobacco products with qualities such

as glamour, energy and sex appeal (WHO, 2008b). Recent studies prove that the more young people are exposed to tobacco advertising, the more likely they are to start smoking. In the developing world, home to more than 80% of the world's youth, which is most aggressively targeted by tobacco companies. Tobacco companies market their products wherever youth can be easily accessed – in the movies, on the Internet, in fashion magazines and at music and sports venues. Tobacco industries need to replace those who quit or die with new young consumers. (WHO, 2008a).

The tobacco industry employs an aggressive marketing strategies to get young people hooked to their addictive drug. However, comprehensive advertising bans do work, reducing tobacco consumption by up to 16% in countries that have already taken this legislative step. When one form of advertising is banned, the tobacco industry simply shifts its vast resources to another channel. Governments should impose a complete ban to break the tobacco marketing net (WHO, 2008a).

Mass media provide effective tools for convincing youth not to smoke, because they can communicate prevention messages directly to young people and influence their knowledge, attitudes, and behaviors (Hopkins et al., 2001). Research from several countries has consistently shown that tobacco counter-marketing campaigns are most successful when they are part of broader, comprehensive tobacco control activities in communities. These efforts may include such elements as environmental and policy changes, taxation, curriculum programs, cessation treatment programs, and grassroots activism. A key contributor to successful mass media campaigns is the synergy resulting from the different program elements working together to change society's prevailing attitudes about tobacco use (Schar E et al., 2006). Some leading magazines and newspaper in Indonesia have not include tobacco advertisement in these past years, it should be followed by other media as well. The government should take care for it and the community should put a social pressure as well.

Factors Associated with Youth Tobacco Use

Factors associated with youth tobacco use are as followings: low socioeconomic status, use and approval of tobacco use by peers or siblings, lack of

⁶ Governor Decree no. 75 year 2005 about Bo Smoking Area and Local Regulation no 2 year 2005 about Air Pollution Control in Jakarta Metropolitan.

skills to resist influences to tobacco use, smoking by parents or guardians and/or lack of parental support or involvement, accessibility, availability, and price of tobacco products, a perception that tobacco use is the norm, low levels of academic achievement, low self-image or self-esteem, aggressive behavior (e.g., fighting, carrying weapons) (U.S. Department of Health and Human Services, 1994 and U.S. Department of Health and Human Services, 2000).

Smoking and Some Religion Perception

This sub title was chosen and the stress is on Moslem perception on tobacco usage, since the majority of Indonesia people are Moslem. Other religion also do not support tobacco among their community. Some similar arguments are found in other religion as well, such as Christian which are stated several times in the Holly Bible (Warren T, 2001). Harmful habits like consuming tobacco are considered immoral and sinful in Hinduism. It is a proven fact that all tobacco products, when consumed, kill. No religion in the world encourages its followers to indulge in the use of tobacco in any form whatsoever (Das S, 2010). Buddhism is also against tobacco use; Tobacco should be classified under the fifth precept, "Suramerayamajjapamattana", as a harmful and addictive substance (WHO, 2002).

The Islamic scholars and WHO produced a book about the health risks related to tobacco usage. The book becomes an important guideline among the Islamic community. The first edition of this book helped enormously in building consensus among Muslim scholars regarding the prohibition of tobacco use. The second edition expects to disseminate the prohibition verdict among ordinary Muslims and in different community worldwide, and that non-smoking become the norm all over the world.⁷ Four great scholars of Islam participated in enriching the contents of this second edition with their opinions, based on the undoubted scientific evidence that condemns tobacco use as one of the most important causes of death in the modern era. One conclusion was reach: using tobacco in all its different forms is totally prohibited by Islam. Pakistan through its Council of Islamic Ideology

declared the use of tobacco as an "un-Islamic" act (WHO, 2000).

How about Indonesia which is the biggest Muslim country in the world regarding to tobacco usage? It responds through Muhammadiyah which is the second largest Muslim organization in Indonesia with its 40 million members. They had launched a fatwa⁷ against smoking, saying that smoking is haram⁸ as part of the syariah Islam (law).⁹ It gives the reasons why smoking is wrong. It proposes models for healthy lifestyles and preserves the environment. Together with the health and ecological aspects, the edict is motivated by the desire to strengthen the souls "weakened" by wrong behaviors and lifestyles. Formerly, by the year 2005 and 2007, Muhammadiyah considered that smoking is mubah, which was less than haram (Viva News, 2010, SNUS News, 2010).

Reducing Youth Tobacco Use

National, state, and local program activities that have reduced and prevented youth tobacco use in the past have included combinations of the following actions: 1) Counter advertising mass-media campaigns (i.e., TV and radio commercials, posters, and other media messages targeted toward youth to counter pro-tobacco marketing). 2) Comprehensive school-based tobacco-use prevention policies and programs (e.g., tobacco-free campuses). 3) Community interventions that reduce tobacco advertising, promotions, and commercial availability of tobacco products. 4) Higher costs for tobacco products through increased excise taxes. (CDC and Prevention, 2008 and CDC and Prevention, 2007).

To counter the tobacco epidemic, Indonesia can consider using tobacco control programs conducted by other countries, such as: MPOWER, which has six policies to reverse the tobacco epidemic: 1) Monitor tobacco use and prevention policies. 2) Protect people from tobacco smoke. 3) Offer help to quit tobacco use. 4) Warn about the dangers of tobacco. 5) Enforce bans on tobacco advertising, promotion and sponsorship. 6) Raise taxes on tobacco (WHO, 2008).

Some evidence suggests that age-targeted messages can improve effectiveness; some other

⁷ Fatwa: a formal religious legal opinion

⁸ Haram: prohibited, banned, illegal, impermissible, from a religious standpoint. Epithet applied, in general, to action or things considered sinful for Muslims

⁹ Fatwa Majelis Tarjih dan Tajdid, No: 6/SM/MTT/III/2010

messages appeal to all ages, including adults successfully (Schar E *et al.*, 2006 p7).

Framework Convention on Tobacco Control (FCTC)

Indonesia made a significant contribution towards the drafting of the Framework Convention on Tobacco Control (FCTC) (WHO, 2003)^a. However, the Indonesian government has not ratified the convention signed by 168 countries. The convention includes tariffs and taxes to reduce tobacco needs and consumption, non-tariff approach to reduce tobacco needs and consumption that cover protection for passive smokers, regulations, cigarette packages and warnings, training for people, advertisements and corporate sponsorships. There is also a clause on cigarette addiction management, sale regulations by and for children or youths, as well as regulations covering aspects of cigarette production. Compensation, research, information exchange, scientific cooperation, and funding sources are also in the convention. Practically, the Indonesian government is not promoting tobacco control at all. The tobacco industry might market and advertise its products almost without restrictions (Tempo interactive, 2009).

CONCLUSIONS

There are many smokers in Indonesia including young smokers. Smoking leads to preventable serious illness, premature death and huge economical loss. There are massive campaigns through mass media for tobacco usage in Indonesia. It needs a big political will and action to reduce these smoking habits among the people especially to save the young generation.

Based on the WHO-FCTC than Indonesia should give priority to protect public health, that should show in: Price and tax measures to reduce the demand for tobacco, and Non-price measures to reduce the demand for tobacco, namely: Protection from exposure to tobacco smoke; Regulation of the contents of tobacco products; Regulation of tobacco product disclosures; Packaging and labeling of tobacco products; Education, communication, training and public awareness; Tobacco advertising, promotion and sponsorship; and, Demand reduction measures concerning tobacco dependence and cessation. To avoid illegal trade in tobacco products; and Sales to and by minors; and, Provision of support

for economically viable alternative activities. How far are we? It is still a long way to achieve it.

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